



**CAMBRIDGE MONTESSORI PRESCHOOL  
ENROLMENT FORM**

|            |  |
|------------|--|
| START DATE |  |
| EXIT DATE  |  |

*(Office Use Only)*

**22a Taylor Street, Cambridge**

[admin@cmeps.co.nz](mailto:admin@cmeps.co.nz)

**Phone: 027 309 3088 (CMPS & Magnolia)**

| Child's details:   |   |   |
|--|---|---|
| Child's official surname or family name:   |   |   |
| Child's official given name:   |   |   |
| Child's official other names / middle names:<br>(please separate names with a comma):  |   |   |
| <b>Name your child is known by / preferred name:</b>   |   |   |
| Surname / family name:   |   | Given name:   |
| Sighted official identity verification document* verified by staff:  |   |   |
| <input type="checkbox"/> New Zealand birth certificate   | <input type="checkbox"/> Foreign birth certificate    |   |
| <input type="checkbox"/> New Zealand passport  | <input type="checkbox"/> Foreign passport             |   |
| <input type="checkbox"/> Other _____   | Staff initials: _____                                 |   |
| Child's date of birth:    dd / mm / yyyy   |   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Child's ethnic origin/s:<br>_____<br>_____<br>_____  | Iwi your child belongs to:<br>_____<br>_____<br>_____ | Language/s spoken at home:<br>_____<br>_____<br>_____         |
| Child's primary residential address:<br>_____<br>_____   |   |   |
| Post Code:   |   |   |
| Privacy Statement:   |   |   |
| <p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>Our early childhood service must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (Principle 3).</p> <p>Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry;</p> <ul style="list-style-type: none"> <li>• For funding allocation purposes</li> <li>• For monitoring purposes</li> <li>• To allow the assignment of a National Student Number*</li> <li>• To allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.</li> </ul> <p>Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.</p> <p>A National Student Number (NSN)* is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at <a href="https://www.nzqa.govt.nz/login/national-student-number-nsn/">https://www.nzqa.govt.nz/login/national-student-number-nsn/</a></p> <p><b>The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.</b></p> |   |   |

| <b>Parents / Guardians:</b>        |                                    |
|------------------------------------|------------------------------------|
| <b>1. Given names:</b>             | <b>2. Given names:</b>             |
| <b>Surname / family name:</b>      | <b>Surname / family name:</b>      |
| Address:                           | Address:                           |
| Post Code:                         | Post Code:                         |
| Phone (Home):                      | Phone (Home):                      |
| Phone (Work):                      | Phone (Work):                      |
| Phone (Mobile):                    | Phone (Mobile):                    |
| Email:                             | Email:                             |
| Relationship to child:             | Relationship to child:             |
| First emergency contact:    Yes/No | First emergency contact:    Yes/No |
| <b>3. Given names:</b>             | <b>4. Given names:</b>             |
| <b>Surname / family name:</b>      | <b>Surname / family name:</b>      |
| Address:                           | Address:                           |
| Post Code:                         | Post Code:                         |
| Phone (Home):                      | Phone (Home):                      |
| Phone (Work):                      | Phone (Work):                      |
| Phone (Mobile):                    | Phone (Mobile):                    |
| Email:                             | Email:                             |
| Relationship to child:             | Relationship to child:             |

| <b>Additional person/s who can pick up your child:</b> |                               |
|--|-------------------------------|
| <b>Given names:</b>                                    | <b>Given names:</b>           |
| <b>Surname / family name:</b>                          | <b>Surname / family name:</b> |
| Address:   | Address:                      |
| Post Code:   | Post Code:                    |
| Phone (Home):  | Phone (Home):                 |
| Phone (Work):  | Phone (Work):                 |

| <b>Custodial Statement</b>  |       |
|---|-------|
| Are there any custodial arrangements concerning your child?   |       |
| If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required) |       |
|   |       |
|   |       |
| <b>Person/s who <u>cannot</u> pick up your child:</b>   |       |
| Name:   | Name: |

|  |                               |
|--|-------------------------------|
| Name:  | Name:                         |
| <b>Additional Emergency Contacts (also able to pick up child):</b> |                               |
| <b>1. Given names:</b>   | <b>2. Given names:</b>        |
| <b>Surname / family name:</b>                                      | <b>Surname / family name:</b> |
| Address:   | Address:                      |
| Post Code:   | Post Code:                    |
| Phone (Home):  | Phone (Home):                 |
| Phone (Work):  | Phone (Work):                 |
| Phone (Mobile):  | Phone (Mobile):               |
| Email:   | Email:                        |
| <b>3. Given names:</b>   | <b>4. Given names:</b>        |
| <b>Surname / family name:</b>                                      | <b>Surname / family name:</b> |
| Address:   | Address:                      |
| Post Code:   | Post Code:                    |
| Phone (Home):  | Phone (Home):                 |
| Phone (Work):  | Phone (Work):                 |
| Phone (Mobile):  | Phone (Mobile):               |
| Email:   | Email:                        |

|                                     |        |
|-------------------------------------|--------|
| <b>Child's doctor:</b>              |        |
| Name:                               | Phone: |
| Name and address of medical centre: |        |

|   |  |
|---|--|
| <b>Health</b>   |  |
| Illness/allergies:  |  |
| Please provide verification of all immunisations.<br>Early childhood services are required, as per the Health (Immunisation) Regulations 1995, to ask parents or guardians of a child to provide the Immunisation Certificate for each child attending their service and record the information from the Immunisation Certificate – or the fact that it was not shown – on the immunisation register. |  |
| Is your child up-to-date with immunisations?  | <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (Please provide verification of all immunisations)  |  |
| <b>For staff:</b> Immunisation records sighted and details recorded:  | <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> |

| <b>Medicine</b>  |                  |
|--|------------------|
| <b>Category (i) Medicines</b>  |                  |
| A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet. |                  |
| Note: The service must provide specific information about the category (i) preparations that will be used.   |                  |
| Do you approve category (i) medicines to be used on your child? <span style="float: right;"><i>Tick One</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>  |                  |
| Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>  |                  |
| ▪ Arnica cream   | ▪ Stingose cream |
| ▪ Bapanthen antiseptic cream   | ▪ Sunscreen      |
| Parent/Guardian Signature: _____ Date: ____/____/____  |                  |

|  |                      |
|--|----------------------|
| <b>Category (ii) Medicines</b>   |                      |
| Category (ii) medicines are prescribed (oral and creams) by a doctor. The label on the medications must be visible and clear. It must have the child's name and dosage. If a parent would like over-the-counter oral medications given to their child, they need to either administer these at home or they can come into the centre to administer them. Category (ii) medicines are used for a specific length of time, to treat a specific condition or symptom. |                      |
| I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given and signed that this has occurred by the parent at the end of the day.   |                      |
| Parent/Guardian Signature: _____   | Date: ____/____/____ |

|   |                      |
|---|----------------------|
| <b>Category (iii) Medicines</b>   |                      |
| To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only. |                      |
| <b>For staff:</b> Individual health plan completed, and training provided: <span style="float: right;"><i>Tick One:</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>     |                      |
| Name of medicine:   |                      |
| Method and dose of medicine:  |                      |
| When does the medicine need to be taken: (State time or specific symptoms)  |                      |
| Parent/Guardian Signature: _____  | Date: ____/____/____ |

| <b>Enrolment Details:</b>   |        |                            |                   |                           |        |              |
|---|--------|----------------------------|-------------------|---------------------------|--------|--------------|
| Date of Enrolment: ___/___/___  |        | Date of Entry: ___/___/___ |                   | Date of Exit: ___/___/___ |        |              |
| <b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding. |        |                            |                   |                           |        |              |
| Days Enrolled:  | Monday | Tuesday                    | Wednesday         | Thursday                  | Friday |              |
| Times Enrolled:   |        |                            |                   |                           |        | Total hours: |
| <b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>   |        |                            |                   |                           |        |              |
| 20 Hours ECE at this service  |        |                            |                   |                           |        | Total hours: |
| 20 Hours ECE at another service   |        |                            |                   |                           |        | Total hours: |
| Parent/Guardian Signature: _____  |        |                            | Date: ___/___/___ |                           |        |              |

| <b>20 Hours ECE Attestation:</b>  |                 |  |
|---|-----------------|--|
| 1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?   | <i>Tick One</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Is your child receiving 20 Hours ECE at any other services?  | <i>Tick One</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes to either or both of the above, please sign to confirm that:   |                 |  |
| <ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.</li> <li>▪ You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.</li> </ul> |                 |  |
| Parent/Guardian Signature: _____  |                 | Date: ___/___/___  |

| <b>Dual Enrolment Declaration</b>  |  |
|--|--|
| I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Cambridge Montessori Preschool. |  |
| Parent/Guardian Signature: _____   |  |
| Date: ___/___/___  |  |

### Anti – Choking guidelines in Early Childhood Centres

I confirm that I have received a copy of the *Reduced food- related choking for babies and young children at early learning services* document provided by the Ministry of Health and have read and understood it.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Application Fee

Payment of a \$60 non-refundable application fee for Cambridge Montessori families.

These payments will confirm a place for your child at our Pre-School subject to availability. Your name will be kept on our database.

**See 'Fees information' pamphlet for further details**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Office use only)**

**Payment Received :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Staff initials:** \_\_\_\_\_

### Statutory Holidays / Term Breaks

Cambridge Montessori Pre School **will not** open on any of the following public holidays:

- New Year's Day
- Day after New Year's Day
- Auckland Anniversary
- Waitangi Day
- Good Friday
- Easter Monday
- ANZAC Day
- King's Birthday
- Matariki
- Labour Day
- Christmas Day
- Boxing Day
- Local Anniversary Day

### Short Excursion Procedure

Parents/Guardians have the choice as to whether or not their child can be taken on short walk/visits in the local area. The correct ratios of 1:4 (one adult to four children) over 2 years of age, will be maintained at all times.

I **DO** give permission for my child to go on short walks/visits in the local area.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I **DO NOT** give permission for my child to go on shorts walks/visits in the local area.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Photograph / Video Permission

Photographs and videos are used for the purposes of planning, assessment and evaluation. Children, teachers and student teachers can utilise this media to further their exploration, learning and creativity. Some of these photographs may be used on our website or any other media associated with Cambridge Montessori Pre School e.g. Facebook or Instagram page. Please tick below which you give permission for.

Newsletters and notices  Facebook  Educa e-portfolios and planning  Advertising website

I **DO** give permission for my child's photograph/video to be used for the purposes indicated above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I **DO NOT** give permission for my child's photograph/video to be used for the purposes indicated above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Hearing and Vision Checks

Vision and Hearing technicians will visit our centre to check the hearing and vision of four-year-old children who have not been seen for the before school checks or require re-checks from a previous visit. Your child's name, date of birth and National Health Index (NHI) number will be recorded by the technician and stored in the B4 School Check national information system, along with the results of the check. I consent to my child taking part in the B4 School Hearing and Vision Checks.

I **DO** give permission for my child to take part in the hearing and vision checks

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I **DO NOT** give permission for my child to take part in the hearing and vision checks

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Your Child's: Cultural Practices, Strengths, Interests & Preferences

▪ **Strengths:**

▪ **Interests:**

▪ **Preferences:**

▪ **Cultural practices at home:**

### Other information

- **Policy Statement:** Cambridge Montessori Pre School has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies and procedures of this service and understand how you can have input to policy review.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.

### Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Service Declaration (office use only)

On behalf of Cambridge Montessori Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



| <b>Change of Days/Times of Enrolment:</b>          |        |         |           |          |        |       |
|--|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ___/___/___       |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |

| <b>Change of Days/Times of Enrolment:</b>          |        |         |           |          |        |       |
|--|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ___/___/___       |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |

| <b>Change of Days/Times of Enrolment:</b>          |        |         |           |          |        |       |
|--|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ___/___/___       |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |

| <b>Change of Days/Times of Enrolment:</b>          |        |         |           |          |        |       |
|--|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ___/___/___       |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |

| <b>Change of Days/Times of Enrolment:</b>          |        |         |           |          |        |       |
|--|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ___/___/___       |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |